

FILED FEB 15 1956

STANDARD CERTIFICATE OF DEATH

State File No. **2331**

BIRTH NO. _____		REG. DIST. NO. 277		PRIMARY REG. DIST. NO. 4411		Registrar's No. 9			
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE MO				b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Bowling Green		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Bowling Green		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION B. B. Springs Nursing Home				e. STREET ADDRESS (If rural, give location) 0820					
3. NAME OF DECEASED (Type or Print) a. (First) Frederick		b. (Middle) JONATHAN		c. (Last) Aydkotte		4. DATE OF DEATH (Month) Feb (Day) 8 (Year) 1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Jan 14 1861			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Labourer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Berlin Maryland		12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME J. J. Aydkotte		13b. MOTHER'S MAIDEN NAME Dont Know		14. NAME OF HUSBAND OR WIFE Dont Know					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Ann Straube					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crowning Aneurysm				INTERVAL BETWEEN ONSET AND DEATH 3 weeks			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				yes			
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1940 to 2-8 , 1956 that I last saw the deceased alive on 2-7 , 1956 and that death occurred at 6:00 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE J. M. Mathews				23b. ADDRESS Bowling Green Mo		23c. DATE SIGNED 2-11-56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb 10 1956		24c. NAME OF CEMETERY OR CREMATORY Frankford		24d. LOCATION (City, town, or county) (State) Frankford Ind			
DATE REC'D BY LOCAL REG. 2/14/56		REGISTRAR'S SIGNATURE Bill Robinson		25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead		ADDRESS Bowling Green			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold Kiper*.....

Licensed Embalmer No. *45*

P. O. Address *Bowling*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above..